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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: UTILITY COORDINATION, L.L.C. (Name of Limited Liability Company)
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	STEVEN ALPERT
_	(Name of Person)
_	CST CONSULTING, INC.
	ONE FINANCIAL PLAZA-100 S.E. 3RD AVENUE, SUITE (Address)
	FORT LAUDERDALE, FL. 33394
	(City/State and Zip Code)
For further	er information concerning this matter, please call:
_5	TEVEN ALPERT at 954 767-0185 x 35 95 7 76 7 167-0185 x 35 95 7 7 767-0185 x 35 95 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	l is a check for the following amount: 무성 및
\$125.0	O Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

UTILITY COORDINATION, L.L.C.			
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
ONE FINANCIAL PLAZA  100 S.E. 3RD AVE, SYITE 800  FORT LAUDERDALE, FL 33394  ARTICLE III - Registered Agent, Registered	ONE FINANCIAL PLAZA  100 5.E. 3RD AVENUE, 54,17 = 310  FORT LAUDERDALE, FL 33394  Office & Paristared Agent's Signature:		
(The Limited Liability Company cannot serve as its own Registed business entity with an active Florida registration.)	ered Agent. You must designate an individual or another		
The name and the Florida street address of the results of the resu	ERT HASS		
ONE FINANCIAL P Florida street add FORT LAUDENDALE			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
44 6 4 44	STEVEN ALPERT  100 S.E. BRD AVENUE, SUITE 800  FORT LAUDENDALE, FL. 33394
MGRM	LEONARDO J. DELGADO 100 S.E. 3RD AVENUE, SYTTE 800 FORT LAUDERDALE, FL 33394
MGRM	TAMES R. ADAMS
	FORT LAUDERDALE, FL. 33394
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL)
ffective date is listed, the date me days after the date of filing.)	nust be specific and cannot be more than five business days prior
BEOLUBER GLOSI LEGION	Τ <sub>ν.ς.</sub> <b>0</b>
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN ALPERT
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)